

**Application for Prior Approval of a Continuing Education  
For Individual Projects**

**A printed or typed  
self-addressed  
stamped envelope  
must accompany this  
CE request form with  
one additional  
copy of the request.**

| <b>Board Use Only</b>   |                             |
|-------------------------|-----------------------------|
| Date Submitted: _____   | Approved/Disapproved: _____ |
| Date Mailed: _____      | Processed By: _____         |
| CEU: Speech: _____      | Audiology _____             |
| Hearing Aid Disp. _____ | Related _____               |
| Total: _____            |                             |

Directions:

If a program is sponsored by ASHA or MSHA, the program is automatically approved by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists and this form is not needed. Continuing education programs should concern the theory and/or practice of audiology, speech-language pathology, hearing aid dispensing or related areas. This form should be completed by licensees desiring CE approval by the Maryland Board of Examiners for Audiologists, Hearing Aid Dispensers and Speech-Language Pathologists.

Send the completed form along with one copy to the address above, attention Ms. Zoann Mouzone. Retain a copy for your files. Applications must be submitted at least 30 days in advance of the anticipated activity for prior approval. Questions may be submitted by phone at 410-764-4725, fax to 410-358-0273, or via TTY & Maryland Relay at 1-800-735-2258.

1. Licensee's Name: \_\_\_\_\_

2. Address: \_\_\_\_\_

3. Telephone Number(s): \_\_\_\_\_

4. Area of License:  Audiology     Speech-Language Pathology     Dual License

5. License Number(s): \_\_\_\_\_

6. Nature of Professional Activity (e.g., workshops, scientific and educational meetings, study groups, inservice programs, seminars, conferences, etc.)

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7. Description of Activity:  Audiology       Speech-Language Pathology       Related

Please Note: Individuals proposing to apply CE credits for articles/publications should include an abstract.

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8. Date of Activity: \_\_\_\_\_

9. Location: \_\_\_\_\_

10. Duration of Activity (number of hours excluding lunch and breaks):

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11. The method of documentation of completion of this activity will be:

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12. Attach a Copy of the Article/Publication

**Please Note:** Approval of this CE request form means that the program is approved for continuing education credit. This form is **not** sufficient for verification of attendance at the program. The licensee is responsible for obtaining a certificate of completion of the program to verify the number of hours attended. The licensee must retain certificates of completion for at least four years after the date of renewal.